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# MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN ALL ACCEPTED MEDICAL EDERS

From 11/28/2007 - 12/26/2007

ALAMEDA Blue COL CONTRA COSTA COD FRESNO Hea COL KERN KERN LOS ANGELES COL RIVERSIDE MOI SACRAMENTO KP ( Moii WH/ WH/ COL	PLAN NAME  Ilameda Alliance For Health Ilue Cross of CA Partnrshp OUNTY TOTAL Ilue Cross of CA Partnrshp Interaction of CA Partnrshp Interaction of CA Partnrshp Interaction of CA Partnrshp Ilue Cross of CA Part	E01 0 0 0 0 0 0 0 0 0 0	E02 2 0 2 1 0	<b>E03</b> 0 0 0 0 0	<b>E04</b> 0 0 0	<b>E05</b> 23 5	<b>E06</b> 5 2	<b>E07</b>	<b>E08</b>	<b>E09</b>	<b>E10</b>	E11	E12	REAS E13	O N S	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
ALAMEDA Blue COU CONTRA COSTA COL FRESNO Heal KERN KERN LOS ANGELES L.A. RIVERSIDE Moli SACRAMENTO KP ( Moli WH/ WH/ COU COL MIL SACRAMENTO KP ( Moli WH/ COL	lameda Alliance For Health lue Cross of CA Partnrshp OUNTY TOTAL lue Cross of CA Partnrshp ontra Costa Health Plan OUNTY TOTAL lue Cross of CA Partnrshp lealth Net Comm Solutions OUNTY TOTAL lue Cross of CA Partnrshp lealth Net Comm Solutions OUNTY TOTAL lealth Net Comm Solutions ountry Total	0 0 0 0 0 0 0	2 0 2 1 0	0 0 <b>0</b>	0 0 <b>0</b>	23 5	5	0						E13	101	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
ALAMEDA Blue COL CONTRA COSTA COD FRESNO Hea COL KERN KERN LOS ANGELES COL RIVERSIDE MOI SACRAMENTO KP ( Moii WH/ WH/ COL	Ilue Cross of CA Partnrshp IOUNTY TOTAL Ilue Cross of CA Partnrshp Iountra Costa Health Plan IOUNTY TOTAL Ilue Cross of CA Partnrshp Ilue Cross of CA Partnr	0 0 0 0 0	0 2 1 0	0 <b>0</b> 0	0 <b>0</b>	5		_	0	15	٥																TOTAL
CONTRA COSTA  CONTRA COSTA  FRESNO  FRESNO  KERN  KERN  COU  LOS ANGELES  LOS ANGELES  Inla  RIVERSIDE  SACRAMENTO  Moli  WH/  WH/  COU  Moli  WH/  COU  COU  Moli  WH/  COU  COU  MOI  WH/  COU  COU  COU  COU  COU  COU  COU  CO	OUNTY TOTAL ilue Cross of CA Partnrshp ontra Costa Health Plan OUNTY TOTAL ilue Cross of CA Partnrshp ealth Net Comm Solutions OUNTY TOTAL elealth Net Comm Solutions ern Family Health Care	0 0 0 0	<b>2</b> 1 0	0	0		2	^			U	0	33	1	1	0	0	0	0	0	0	0	1	0	0	1	82
CONTRA COSTA CONTRA COSTA CONTRA COSTA Blue FRESNO Heal COL KERN KERN COL LOS ANGELES L.A. COL Inla RIVERSIDE Moli COL Blue Heal KERN KERN Moli WH/ Moli WH/ COL	clue Cross of CA Partnrshp contra Costa Health Plan COUNTY TOTAL clue Cross of CA Partnrshp lealth Net Comm Solutions COUNTY TOTAL lealth Net Comm Solutions for Family Health Care	0 0 0 0	1 0	0		28		0	0	0	0	0	6	2	0	0	0	0	0	0	0	0	0	0	0	0	15
CONTRA COSTA COL COL FRESNO EN KERN KERN COL LOS ANGELES L.A. COL RIVERSIDE Blue Care Heal SACRAMENTO MOII WH/ WI/ COL COL COL COL COL MOII WH/ COL	contra Costa Health Plan COUNTY TOTAL Ilue Cross of CA Partnrshp lealth Net Comm Solutions COUNTY TOTAL lealth Net Comm Solutions leath Net Comm Solutions for Family Health Care	0 0 0	0		_		7	0	0	15	0	0	39	3	1	0	0	0	0	0	0	0	1	0	0	1	97
FRESNO Heal COL  KERN KERN KERN COL  LOS ANGELES COL  RIVERSIDE MOI  SACRAMENTO KP ( Moii  WH/  WH/  COL	OUNTY TOTAL  Jue Cross of CA Partnrshp lealth Net Comm Solutions OUNTY TOTAL lealth Net Comm Solutions for Family Health Care	<b>0</b> 0	-	0	0	0	1	0	0	0	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	8
FRESNO Head COU Head KERN KERN LA. LOS ANGELES LA. RIVERSIDE Moli COU Blue Care Head SACRAMENTO KP ( Moli WH/ COU COU COU Moli WH/ COU	lue Cross of CA Partnrshp lealth Net Comm Solutions COUNTY TOTAL lealth Net Comm Solutions lern Family Health Care	0	1		0	0	1	1	0	2	0	3	27	2	0	0	0	0	0	0	0	0	0	0	0	0	36
FRESNO	ealth Net Comm Solutions OUNTY TOTAL lealth Net Comm Solutions ern Family Health Care	0		0	0	0	2	1	0	2	0	4	29	5	0	0	0	0	0	0	0	0	0	0	0	0	44
FRESNO	ealth Net Comm Solutions OUNTY TOTAL lealth Net Comm Solutions ern Family Health Care		3	0	0	0	45	0	0	0	0	1	8	0	0	0	0	0	0	0	0	0	0	0	0	0	57
KERN KERN COU  LOS ANGELES L.A. COU  Inlai RIVERSIDE Moli COU  Blue Care Heal SACRAMENTO KP ( Moli WH/	lealth Net Comm Solutions ern Family Health Care		0	0	0	0	6	0	0	0	0	0	19	1	0	0	0	0	0	0	0	0	0	0	0	0	26
KERN COL LOS ANGELES COL RIVERSIDE MOI COL Blue Care Heal SACRAMENTO KP ( Moii WH/ COL	ern Family Health Care	0	3	0	0	0	51	0	0	0	0	1	27	1	0	0	0	0	0	0	0	0	0	0	0	0	83
KERN COL LOS ANGELES COL RIVERSIDE MOI COL Blue Care Heal SACRAMENTO KP ( Moii WH/ COL	ern Family Health Care	0	0	0	0	0	2	0	0	0	0	0	31	1	0	0	0	0	0	0	0	0	0	0	0	0	34
LOS ANGELES L.A. COL RIVERSIDE Moli COL Blue Care Heal SACRAMENTO KP ( Moli WH/		1	1	0	0	0	15	2	0	0	0	1	82	1	0	0	0	0	0	0	0	0	0	0	0	1	104
LOS ANGELES L.A. COL RIVERSIDE Molii COL Blue Care Heal SACRAMENTO KPC Moli WH/ COL		1	1	0	0	0	17	2	0	0	0	1	113	2	0	0	0	0	0	0	0	0	0	0	0	1	138
LOS ANGELES L.A. COL RIVERSIDE Inla ROUTE Blue Care Heal SACRAMENTO KPC MOI WHY COL	ealth Net Comm Solutions	1	7	0	0	0	142	1	0	14	0	4	244	57	2	0	0	0	0	0	0	0	0	0	0	10	482
RIVERSIDE Moli COL Blue Care Heal SACRAMENTO KP ( Moli WH/	.A. Care Health Plan	0	5	0	0	0	266	1	0	6	0	2	198	56	0	0	0	0	0	0	0	1	0	0	0	19	554
RIVERSIDE MOII COL Blue Care Heal SACRAMENTO KP ( Moii WH/	OUNTY TOTAL	1	12	0	0	0	408	2	0	20	0	6	442	113	2	0	0	0	0	0	0	1	0	0	0	29	1.036
RIVERSIDE Moli COL Blue Care Heal SACRAMENTO MOLI WHA	nland Empire Health Plan	1	1	0	0	0	14	0	0	2	0	1	57	7	2	0	0	0	0	0	0	0	0	0	0	3	88
COL Blue Care Heal SACRAMENTO KPC Moli	Iolina Healthcare Partner	0	0	0	0	0	19	0	0	1	0	0	15	2	0	0	0	0	0	0	0	0	0	0	0	1	38
SACRAMENTO KPC Moli WHA	OUNTY TOTAL	1	1	0	0	0	33	0	0	3	0	1	72	9	2	0	0	0	0	0	0	0	0	0	0	4	126
SACRAMENTO Heal Moli WH/	lue Cross of CA Partnrshp	0	3	0	0	0	46	0	0	0	0	1	16	1	0	0	0	0	0	0	0	0	0	0	0	0	67
SACRAMENTO Heal KP (Moli WH/	are1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SACRAMENTO KP ( Moli WH/ COU	ealth Net Comm Solutions	0	0	0	0	0	8	0	0	0	0	0	19	0	1	0	0	0	0	0	0	0	0	0	0	0	28
Moli WHA COU	P Cal. LLC	0	0	0	0	0	4	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	7
COL	Iolina Healthcare Partner	0	1	0	0	0	10	0	0	0	0	0	14	2	0	0	0	0	0	0	0	0	0	0	0	0	27
COL	/HA Community Health Plan	0	0	0	0	0	4	0	0	1	0	1	6	5	0	0	0	0	0	0	0	0	0	0	0	0	17
	OUNTY TOTAL	0	4	0	0	0	72	0	0	2	0	2	55	9	1	0	0	0	0	0	0	0	0	0	0	1	146
	land Empire Health Plan	1	3	0	0	1	14	1	0	3	0	0	65	7	2	0	0	0	0	0	0	0	0	0	0	2	99
	Iolina Healthcare Partner	0	0	0	0	1	3	0	0	2	0	0	16	6	0	0	0	0	0	0	0	0	0	0	0	3	31
	OUNTY TOTAL	1	3	0	0	2	17	1	0	5	0	0	81	13	2	0	0	0	0	0	0	0	0	0	0	5	130
					0	0	21		0	0		1	0	4			-	0	0	0		0					32
	lue Cross of CA Partnrshp are1st Partner Plan, LLC	0	3	0	0	0	3	0	0	0	0	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	8
	community Hith Grp Partner	0	3	0	0	0	34	0	0	1	0	0	18	1	0	0	0	0	0	0	0	0	0	0	0	0	57
	ealth Net Comm Solutions	0	0	0	0	0	17	0	0	1	0	1	19	4	0	0	0	0	0	0	0	0	0	0	0	2	44
	P Cal. LLC	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Iolina Healthcare Partner	0	1	1	0	0	16	0	0	1	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	1	26
COL	OUNTY TOTAL	0	11	1	0	0	93	0	0	3	0	3	40	13	0	0	0	0	0	0	0	0	0	0	0	5	169
Blur	lue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
SAN FRANCISCO San	an Francisco Health Plan	0	0	0	0	0	3	0	0	0	0	0	9	1	0	0	0	0	0	0	0	0	0	0	0	0	13
COL	OUNTY TOTAL	0	0	0	0	0	3	0	0	0	0	0	12	1	0	0	0	0	0	0	0	0	0	0	0	0	16
	lue Cross of CA Partnrshp	0	0	0	0	8	0	0	0	0	0	0	4	2	0	0	0	0	0	0	0	0	0	0	0	1	15
	ealth Plan of San Joaquin	0	0	0	0	25	0	0	0	0	0	0	23	0	1	0	0	0	0	0	0	0	0	0	0	0	49
	OUNTY TOTAL	0	0	0	0	33	0	0	0	0	0	0	27	2	1	0	0	0	0	0	0	0	0	0	0	1	64
	lue Cross of CA Partnrshp	0	1	0	0	0	2	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	14
	anta Clara Family H.P.	0	5	0	0	0	13	0	0	0	0	4	84	0	0	0	0	0	0	0	0	0	0	0	0	0	106
	OUNTY TOTAL	0	6	0	0	0	15	0	0	0	0	4	95	0	0	0	0	0	0	0	0	0	0	0	0	0	120
	lue Cross of CA Partnrshp	0	0	0	0	0	12 3	0	0	0	0	0	10 16	0	0	0	0	0	0	0	0	0	0	0	0	0	25 19
		0	0	0	0	0	1 <b>5</b>	1	0	1	0	1	26	0	0	0	0	0	0	0	0	0	0	0	0	0	44
	ealth Net Comm Solutions	0	1		0	0	17	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	22
	OUNTY TOTAL																U	U	U	U	U	U			U		22
	OUNTY TOTAL lue Cross of CA Partnrshp		0	0	-	v			0	1				0		n	0	0	Ω	0	0	0	0	n	0	0	13
2 PLAN & GMC	OUNTY TOTAL	0	0	0	0	0	2	0	0		0	0	10 14	0	0	0	0	0	0	0	0	0	0	0	0	0	13 35

#### MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN

#### ALL ACCEPTED MEDICAL EDERS

From 11/28/2007 - 12/26/2007

									'	/OLU	NTAR	Y CO	UNTIES														
COUNTY	DI ANINAME													REAS	SONS												
COUNTY	PLAN NAME	E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
MARIN	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTA	ARY COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		4	45	1	0	63	752	7	0	52	0	23	1,072	171	9	0	0	0	0	0	0	1	1	0	0	47	2,248

#### **REASON CODE**

E01 = Incarcerated

E02 = Prior Care

E03 = Enrolled Incorrectly Into a Plan

E04 = Deceased

E05 = Child Protective Services

E06 = Foster Care/Adoption E07 = Problem Using HCP

E08 = Terminated By Plan E09 = Long Term Care E10 = CCS Not in a PCCM Contract

E11 = Other Health Coverage E12 = Moved Out of County

E13 = Pregnancy I01 = System Created

F01 = Could Not Choose Dr F02 = HP Did Not Meet Needs/Bene Pref.

F03 = Dr Did Not Meet Bene Needs

F04 = Too Far To Go

F05 = Did Not Choose Plan

F06 = Moving Out of County F09 = Other Reason

F10 = No Reason Checked

X01 = Waiver Program Exempt X03 = Indian Health Coverage

**MAXIMUS** 

X04 = Medical Exempt

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#### MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN ALL ACCEPTED MEDICAL EDERS

From 11/28/2007 - 12/26/2007

	GMC MANDATORY DENTAL COUNTIES  REASONS																									
COUNTY	DLANINAME												R	EASO	NS											
COUNTY	PLAN NAME	E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
	Access Dental Plan	0	0	0	0	0	20	0	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	40
SACRAMENTO	Community Dental Svc, Inc.	0	0	0	0	0	2	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	10
SACRAMENTO	Liberty Dental Plan of CA	0	0	0	0	0	4	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	1	14
	Western Dental Services	0	2	0	0	0	21	0	0	0	0	0	19	0	0	0	0	0	0	0	0	0	0	0	0	42
	COUNTY TOTAL	0	2	0	0	0	47	0	0	0	0	0	56	0	0	0	0	0	0	0	0	0	0	0	1	106
GMC MANDATO	DRY COUNTIES TOTAL	0	2	0	0	0	47	0	0	0	0	0	56	0	0	0	0	0	0	0	0	0	0	0	1	106

VOLUMEADY DENEAL COUNTIES

		_						VOL	JNTA	RYDE	:NIAL	_ 000														
COUNTY	PLAN NAME												R	EASC	NS											
0001111	I EAN NAME	E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
	Access Dental Plan	0	2	0	0	0	21	0	0	0	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	48
	American Health Guard	0	3	0	0	0	5	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	15
	Care 1st Health Plan	0	1	0	0	0	3	0	0	1	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	18
	Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5
LOS ANGELES	Health Net	0	2	0	0	0	12	0	0	1	0	0	12	1	0	0	0	0	0	0	0	0	0	0	0	28
	Liberty Dental Plan of CA	0	0	0	0	0	2	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	5
	SafeGuard Dental, Inc.	0	0	0	0	0	5	0	0	1	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	18
	Western Dental Services	0	3	0	0	0	7	0	0	0	0	0	28	0	0	0	0	0	0	0	0	0	0	0	0	38
	COUNTY TOTAL	0	11	0	0	0	55	0	0	3	0	0	105	1	0	0	0	0	0	0	0	0	0	0	0	175
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RIVERSIDE	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAN DEDNADDING	United Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN BERNARDINO	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY C	OUNTIES TOTAL	0	11	0	0	0	55	0	0	3	0	0	106	1	0	0	0	0	0	0	0	0	0	0	0	176
GRAND TOTA	\L	0	13	0	0	0	102	0	0	3	0	0	162	1	0	0	0	0	0	0	0	0	0	0	1	282

#### **REASON CODE**

E01 = Incarcerated

E02 = Prior Care

E03 = Enrolled Incorrectly Into a Plan

E04 = Deceased

E05 = Child Protective Services

E06 = Foster Care/Adoption E07 = Problem Using HCP

E08 = Terminated By Plan E09 = Long Term Care

E10 = CCS Not in a PCCM Contract

E12 = Moved Out of County

I01 = System Created

F01 = Could Not Choose Dr

E11 = Other Health Coverage

F04 = Too Far To Go F05 = Did Not Choose Plan

F06 = Moving Out of County

F02 = HP Did Not Meet Needs/Bene Pref. F03 = Dr Did Not Meet Bene Needs

F09 = Other Reason

F10 = No Reason Checked

X01 = Waiver Program Exempt X02 = Dental Exempt

X03 = Indian Health Coverage

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# **MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY**

# 11/28/2007 - 12/26/2007

EFFECTIVE 1/1/2008

				2 PL	N & GN	IC COU	NTIES								
COUNTY	PLAN NAME							R E	ASO	N S					
COUNTY	PLAN NAME	Α	В	С	D	Е	F	G	М	Р	U	V	W	Υ	TOTAL
	Alameda Alliance For Health	0	0	0	1	0	0	0	0	4	0	0	0	0	5
ALAMEDA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	1	0	0	0	0	4	0	0	0	0	5
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CONTRA COSTA</b>	Contra Costa Health Plan	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FRESNO	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	2	0	0	0	0	2
KERN	Kern Family Health Care	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	1	0	0	0	2	0	0	0	0	3
	Health Net Comm Solutions	2	3	4	2	0	0	1	2	10	0	0	0	0	24
LOS ANGELES	L.A. Care Health Plan	2	0	3	3	2	1	4	11	13	0	0	0	0	39
	COUNTY TOTAL	4	3	7	5	2	1	5	13	23	0	0	0	0	63
	Inland Empire Health Plan	1	0	0	0	0	0	0	3	2	0	0	0	0	6
RIVERSIDE	Molina Healthcare Partner	0	0	0	1	0	0	1	0	1	0	0	0	0	3
	COUNTY TOTAL	1	0	0	1	0	0	1	3	3	0	0	0	0	9
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SACRAMENTO	KP Cal, LLC	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WHA Community Health Plan	1	0	0	0	0	0	0	0	1	0	0	0	0	2
	COUNTY TOTAL	2	0	0	0	0	0	0	0	2	0	0	0	0	4
	Inland Empire Health Plan	0	0	2	0	0	0	0	1	5	0	0	0	0	8
SAN BERNARDINO	Molina Healthcare Partner	0	0	0	0	0	0	0	3	1	0	0	0	0	4
	COUNTY TOTAL	0	0	2	0	0	0	0	4	6	0	0	0	0	12
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	2	0	0	0	0	0	0	2
	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community HIth Grp Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN DIEGO	Health Net Comm Solutions	0	0	2	1	0	0	0	0	1	0	0	0	0	4
	KP Cal, LLC Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	2
		0	0	2	1	1 1	0	3	0	1 1	0	0	0	0	8
	COUNTY TOTAL	l O	U		_ '	_ '	U	ာ	U	ı	U	U	U	U	•

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**MAXIMUS** 

# **MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY**

# 11/28/2007 - 12/26/2007

**EFFECTIVE 1/1/2008** 

				2 PL	AN & GN	IC COU	NTIES								
COUNTY	PLAN NAME							R E	ASO	N S					
COUNTI	FLAN NAME	Α	В	С	D	Е	F	G	M	Р	U	V	W	Υ	TOTAL
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN FRANCISCO	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Blue Cross of CA Partnrshp	1	0	0	0	0	0	0	0	0	0	0	0	0	1
SAN JOAQUIN	Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SANTA CLARA	Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STANISLAUS	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Blue Cross of CA Partnrshp	0	0	0	1	0	0	0	0	0	0	0	0	0	1
TULARE	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	1
TOTAL	N JOAQUIN  Health Plan of San Joaquin COUNTY TOTAL  Blue Cross of CA Partnrshp Santa Clara Family H.P. COUNTY TOTAL  Blue Cross of CA Partnrshp Health Net Comm Solutions COUNTY TOTAL  Blue Cross of CA Partnrshp Health Net Comm Solutions COUNTY TOTAL  Blue Cross of CA Partnrshp Health Net Comm Solutions COUNTY TOTAL			11	9	4	1	9	20	42	0	0	0	0	107

### **REASON CODE**

A = Neurological Disorder B = Hematological Disorder C = Cancer Therapy D = Renal Dialysis E = Major Organ Transplant

F = HIV / AIDS

G = Awaiting Surgery or Treatment
M = Other Complex Medical Condition
P = Pregnant

U = Waiver - AIDS

V = Waiver - Model W = Waiver - IHMC **MAXIMUS** 

Y = Waiver - SNF

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# 11/28/2007 - 12/26/2007

EFFECTIVE 1/1/2008

		2	PLAN & GM	CCOUNTIES				
					REASONS			
COUNTY	PLAN NAME	Regular Dental	Indian	Temp Exempt - Foster Care	Temp Exempt - Long Term Care	Temp Exempt - Moved Out of County	Other Dental	TOTAL
	Access Dental Plan	0	0	0	0	0	0	0
	American Health Guard	0	0	0	0	0	0	0
	Care 1st Health Plan	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
LOS ANGELES	Health Net	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
RIVERSIDE	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
	Access Dental Plan	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
SACRAMENTO	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
0441 DEDULADO:::-	United Health Plan	0	0	0	0	0	0	0
SAN BERNARDINO	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
OTAL		0	0	0	0	0	0	0